

MERIT SYSTEM SERVICES (MSS)

An Equal Opportunity Employer

APPLICATION FOR EXAMINATION IMS-9

Return Application to: 24-Hour Job Line: (916) 263-3604
Merit System Services **For Information Call:** (916) 263-3615
191 Lathrop Way, Suite A **Website:** www.cps.ca.gov/mss
Sacramento, CA 95815-4389

INSTRUCTIONS: Applicants must submit this MSS Application (IMS-9) directly to MSS at the address above for each examination applied for. No other application form may be substituted for the IMS-9 and faxed copies are **not** accepted. Applicants must complete this form in its entirety, providing sufficient detail to allow MSS to evaluate the applicant's qualifications for the classification as described on the recruitment bulletin. Applicants who fail to demonstrate they meet the minimum qualifications will not be considered for the examination. Applicants may attach résumé and/or other information which describes their qualifications, however such attachments cannot be substituted for any portion of the required MSS Application (IMS-9). (Applications and attachments are deemed permanent examination records and cannot be returned. Applicants should make a copy for their personal files.) **Applicants must notify Merit System Services of any change of address, name, or telephone number in a timely manner.** If, after submitting an application, you have questions concerning the exam, you may contact MSS at the above phone number.

PLEASE TYPE OR PRINT IN DARK INK

1)

Name _____
(Last) (First) (MI)Mailing Address _____
(Number) (Street)

(City) (State) (Zip)

Home Address _____
(If different from (Number) (Street)
mailing address)

(City) (State) (Zip)

Evening # () _____ Daytime # () _____

DO NOT WRITE IN THIS SPACE

G Approved

G Re-approved
Initials: _____ Date: _____G I-1 G I-2 G I-3
G I-4 FFD: _____ G I-5
G I-6 1 2 3 4A by: _____ B
G I-7 1 2 3 4 5 6
G I-8 A by _____ B C D E
G I-9 G IEC
G PO G BO
Initials: _____ Date: _____Input by: _____
Date: _____
Notice Sent: _____Re-activated:
Initials: _____ Date: _____

2) Job Title of the Examination you are applying for:

3) Social Security Number (SSN):

Disclosure of the SSN is voluntary; however, its inclusion will simplify processing your application.

4A) County for which the exam is being given:

Refer to exam bulletin for information relating to items 2, 4A, & 4B

5) **Special test arrangements** may be made to accommodate applicants with disabilities or whose religious convictions prevent them from testing on a specific day or date. Do you require such special arrangements? If yes, check (✓) the box below and attach a letter to this application explaining the nature of the special accommodations you require. In addition, please contact MSS at (916) 263-3614, ext. 3024 at least two weeks prior to the estimated test date(s) printed on the job bulletin.

G YES

7) Are you fluent in a foreign language? Please enter the name of the language and indicate if you can speak, read and/or write the language by checking (✓) the appropriate box(es):

Foreign Language: _____ G Speak G Read G Write

8) A. If offered employment, can you provide verification of your legal right to work in the United States? G YES G NO

B. Have you ever been convicted of a felony by any court? G YES G NO

NOTE: You may answer no if a conviction has been dismissed pursuant to Penal Code Section 1203.4 and the conviction is specified in the Health and Safety Code Section 11361.5, which pertains to various marijuana offenses. A conviction will not necessarily disqualify you for examination or employment.

9) Certification of applicant - read carefully before signing

I hereby certify that all statements made in this application are true and complete. I agree and understand that any misstatements or omissions of material facts herein may result in elimination from the examination process or forfeiture of all employment rights associated with this examination process. I agree and understand that if I do not meet the announced requirements, I will be eliminated from the examination at whatever time this may be determined.

Signature:

Date:

4B) If the job bulletin indicates more than one job location within the county, enter the names of the locations (cities or towns) where you would be willing to work:

6) **CERTIFICATION OF SKILLS:** If the job bulletin states specific skills or abilities are required or desirable, use this space to identify which of these skills and abilities you possess.

A. **TYPING:** I certify that I can type a minimum net corrected speed of _____ words per minute.B. **OFFICE EQUIPMENT:** I certify that I can operate the office equipment listed:

C. **OTHER KNOWLEDGE, SKILLS AND ABILITIES:** I certify that I possess the following knowledge, skills and abilities required or desired for this position:

PRIVACY STATEMENT

The information you provide on this application form will be used **only** in connection with this examination and will enable MSS to determine if you meet the minimum requirements for the examination. Further, information contained in your application may be considered when rating your qualifications during the exam process. Completion of this application is voluntary, however failure to complete this application in its entirety may prevent MSS from evaluating your qualifications fully and may result in your elimination from the exam process. MSS applications are requested under authority of the Local Agency Personnel Standards, Section 17442.

IMS-9 (rev. 5/99)

10) Education: Please read the **Minimum Qualifications** described on the job bulletin carefully before completing the sections below. The information you provide below will allow MSS to determine if you meet the **Minimum Qualifications**. **Résumés CANNOT be substituted for completing the sections below in their entirety.**

| Name & location of college\university: | Major Course of Study | Completed Units (List number of units and ✓ in appropriate box to indicate Semester or Quarter Units) | | Degree received | Date completed |
|--|-----------------------|--|-------------------------|-----------------|----------------|
| | | # of units | G Semester G Quarter | | |
| | | # of units | G Semester G Quarter | | |
| | | # of units | G Semester G Quarter | | |

If the classification you are applying for requires a State of California license, certification, or registration, use this space to provide details concerning the specific state certification, or registration you possess:

11) Experience: Beginning with your **current or most recent employment**, complete the sections below in their entirety. **Do not** leave any spaces blank (especially number of hours worked per week) and **do not** write "See Attached" in lieu of completing any section below. You may include military and/or volunteer experience that you believe will help demonstrate that you meet the minimum qualifications for the position you are applying for. If you require more space, you may use additional sheets of paper and attach them to this application. **REMEMBER, Résumés CANNOT be substituted for completing the sections below in their entirety.**

| Period of employment | | |
|--|---|--|
| A. From To _____/_____/____ ____/_____/____ Total _____ Yr(s). ____Mo(s). Hours per week _____ Salary \$ _____ per _____ | Job title: Duties: No. of employees supervised: _____ | Name, address and phone no. of employer: Immediate supervisor: Reason for leaving: |
| B. From To _____/_____/____ ____/_____/____ Total _____ Yr(s). ____Mo(s). Hours per week _____ Salary \$ _____ per _____ | Job title: Duties: No. of employees supervised: _____ | Name, address and phone no. of employer: Immediate supervisor: Reason for leaving: |
| C. From To _____/_____/____ ____/_____/____ Total _____ Yr(s). ____Mo(s). Hours per week _____ Salary \$ _____ per _____ | Job title: Duties: No. of employees supervised: _____ | Name, address and phone no. of employer: Immediate supervisor: Reason for leaving: |
| C. From To _____/_____/____ ____/_____/____ Total _____ Yr(s). ____Mo(s). Hours per week _____ Salary \$ _____ per _____ | Job title: Duties: No. of employees supervised: _____ | Name, address and phone no. of employer: Immediate supervisor: Reason for leaving: |
| E. From To _____/_____/____ ____/_____/____ Total _____ Yr(s). ____Mo(s). Hours per week _____ Salary \$ _____ per _____ | Job title: Duties: No. of employees supervised: _____ | Name, address and phone no. of employer: Immediate supervisor: Reason for leaving: |

| Recruitment Questionnaire | |
|---|---------------------------------|
| Please indicate how you became aware of this job opportunity. Check only one block. | |
| Word of Mouth | |
| A | G County Employee |
| B | G Relative or Friend |
| C | G Other (specify) _____ |
| Advertisement | |
| D | G Newspaper |
| E | G Internet |
| F | G Trade or Professional Journal |
| G | G Other |
| Bulletin Board | |
| H | G Merit System Services |
| I | G County Personnel |
| J | G County Welfare |
| K | G State Employment (EDD) |
| L | G Other (specify) _____ |
| Community Organization | |
| M | G Specify _____ |
| N | G MSS Job line |

| Equal Opportunity Employment | |
|--|--|
| To further its commitment to Equal Opportunity Employment, Merit System Services is requesting applicants to voluntarily provide the following information. The information will be detached from the application. | |
| M | G Male |
| F | G Female |
| Race/Ethnic Identity | |
| W | G White |
| B | G Black |
| H | G Hispanic (regardless of race) |
| A | G Asian |
| P | G Pacific Islander |
| F | G Filipino |
| N | G American Indian or Alaskan Native |
| If you have a disability or record of impairment, please indicate your disability below. | |
| HI | G Hearing Impairment |
| VI | G Vision Impairment |
| SI | G Speech Impairment |
| PI | G Physical Impairment |
| DE | G Developmental |
| MD | G Mental Disability |
| O | G Other (please note) _____ (over) |